



OFFICE OF THE SECRETARY OF THE STATE

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
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Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
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APPLICATION FOR CANCELLATION OF A REGISTERED MARK

Filing Fee: \$25.00 Make Checks Payable to "Secretary of the State"

1. Name of Record Owner: _____
2. State of Formation of the Owner <i>if other than a natural person</i>: _____
3. Connecticut Registration Number: _____
The above owner hereby applies for cancellation of the registration bearing the number stated in item number 3 above
EXECUTION: I hereby declare under the penalties of false statement that the statements made in the foregoing application is true.
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">4. _____ Date</div><div style="width: 30%;">5. _____ Name of Signatory</div><div style="width: 30%;">6. _____ Title of Signatory <i>if applicable</i></div></div> <div style="display: flex; justify-content: center; align-items: center;"><div style="margin-right: 10px;">7.</div><div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="margin-left: 10px;">Signature</div></div>